

# ANNUAL PERSONNEL CERTIFICATION STATEMENT

## PAI - Privacy Act Information

Date Submitted: \_\_\_\_\_

Full Legal Given Name:	Date of Birth:	UUPIC Number:	Employer/Org Code:	Phone:
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Please check certification(s) that apply.

Specialty	Pass	Fail	Restrictions
<b>Category I</b>			
<input type="checkbox"/> Aerial Lift Operator			
<input type="checkbox"/> Forklift Operator			
<input type="checkbox"/> Heavy Equipment Operator			
<input type="checkbox"/> KAMAG Operator/Flagman			
<input type="checkbox"/> Mobile Crane Operator			
<input type="checkbox"/> Derrick Crane Operator			
<input type="checkbox"/> Overhead Crane Operator			
<input type="checkbox"/> Portal Crane Operator			
<input type="checkbox"/> Program Critical Hardware			
<input type="checkbox"/> Rigger			
<b>Category II</b>			
<input type="checkbox"/> PCH - Forklift Operator			
<input type="checkbox"/> PCH - Mobile Operator			
<input type="checkbox"/> PCH - Derrick Crane Operator			
<input type="checkbox"/> PCH - Overhead Crane & Hoist Operator			
<b>Category III</b>			
<input type="checkbox"/> High Voltage Electrician			
<input type="checkbox"/> Hydrogen System Operator			
<input type="checkbox"/> Liquid Nitrogen System Operator			
<input type="checkbox"/> Oxygen System Operator			
<input type="checkbox"/> Welder			
<input type="checkbox"/> Cryogen System Operator			
<input type="checkbox"/> HAZWOPER			
<input type="checkbox"/> Propellant & Explosive Handler/User			
<input type="checkbox"/> Propellant & Explosive Inspector			
<input type="checkbox"/> High Pressure Systems Operator			
<b>Category IV</b>			
<input type="checkbox"/> Confined Space Entry			
<input type="checkbox"/> Respirator (Non-SCBA)			
<input type="checkbox"/> Self-contained Breathing Apparatus (SCBA)			
<b>Category V</b>			
<input type="checkbox"/> Laser Maintenance Personnel			
<input type="checkbox"/> Laser Operator			

Physician:

Physician's Signature:

Date:

# **INSTRUCTIONS**

## **ANNUAL PERSONNEL CERTIFICATION STATEMENT**

1. Enter employee's name, date of birth, UUPIC number, employer/organization code, and phone number.
2. Check ALL specialties that apply to the personnel certification for which the MSFC Form 4083 is submitted.
3. After specialties are checked, submit form to the MSFC Medical Center for completion.
4. MSFC physician enters pass or fail for the specialty and any restrictions.
5. MSFC physician signs the MSFC Form 4083-2 and returns to employee.
6. Employee attaches the MSFC Form 4083-2 to the MSFC Form 4083 and follows the instructions for the MSFC Form 4083.